

## **REMARKS**

This Amendment is fully responsive to the non-final Office Action dated July 3, 2007, issued in connection with the above-identified application. Claims 1-11 and 13-44 were previously pending in the application. With this Amendment, claims 1, 5, 6, 10, 11, 14, 15, 17, 18, 37 and 41 have been amended; and withdrawn claims 2, 7, 19-36, 38-40 and 42-44 have been canceled without prejudice or disclaimer to the subject matter contained therein. Thus, claims 1, 3-6, 8-11, 13-18, 37 and 41 are all the claims presently pending. No new matter has been introduced by this Amendment; thus, entry and reconsideration of the application are respectfully requested.

The Applicants have amended claims 1, 4-6, 10, 11, 14, 15, 17, 18, 37 and 41 to place the claims in better form for U.S. patent practice. No claims have been amended herein to address rejections by the Examiner (e.g., pursuant to 35 U.S.C. §112, §101, §102, and §103).

At the outset, the Applicants respectfully point out that the Examiner appears to have mistakenly referred to rejections under 35 U.S.C. §102(b). It is assumed by the Applicants that the Examiner meant to reject claims 1, 3-6, 8-11, 13-18, 37 and 41 under 35 U.S.C. §103(a), not 35 U.S.C. §102(b). Thus, the remarks that follow refer to rejections under 35 U.S.C. §103(a).

In the Office Action, claims 1, 3-6, 8-11, 13-18 and 41 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Surwit et al. (U.S. Patent No. 6,024,699, hereinafter “Surwit”) in view of Hokkanen et al. (U.S. Patent No. 6,993,666, hereinafter “Hokkanen”). The Applicants respectfully traverse this rejection for the following reasons

The Applicants maintain that the combination of Surwit and Hokkanen fails to disclose or suggest all the features recited in at least independent claims 1 and 41.

With regard to independent claim 1, the claim recites the following:

“A medical checkup network system comprising:

a patient terminal for measuring predetermined biodata of a patient including at least one of a blood pressure and a body temperature;

a doctor terminal through which a medical staff is able to view the biodata; and

a center server for storing data received from said patient terminal and said doctor terminal,

wherein said patient terminal and said doctor terminal are connected with each other via said center server over a communication network, said patient terminal includes an

instrument data memory for storing an identification number to discriminate said patient terminal from other terminals, and said patient terminal is operable to execute procedures of connecting said patient terminal to said center server over the communication network, transmitting the identification number upon installation of said patient terminal at a home of the patient, receiving, over the communication network, patient terminal data corresponding to the identification number which is registered preliminarily in said center server, and storing the received patient terminal data, and

wherein the patient terminal data is data related to said patient terminal to be used by the patient.”

The combination of Surwit and Hokkanen fails to disclose or suggest at least the above features of claim 1 directed to a patient terminal that includes an instrument data memory for storing an identification number to discriminate the patient terminal from other terminals; wherein the patient terminal is operable to execute the following procedures: 1) connecting the patient terminal to a center server over the communication network; 2) transmitting the identification number upon installation of the patient terminal at a home of the patient; and 3) receiving, over the communication network, patient terminal data corresponding to the identification number which is registered preliminarily in the center server.

Surwit discloses a system and method for monitoring, diagnosing and treating medical conditions of remotely located patients. However, as correctly noted in the rejection, Surwit fails to explicitly disclose the above features of the present invention (see e.g., Office Action, pages 3-4). Thus, Hokkanen must disclose or suggest these features in order for the combination of Surwit and Hokkanen to render claim 1 obvious.

Although the rejection relies specifically on Hokkanen for disclosing the above features, the Applicants respectfully disagree with the interpretation of this reference. Hokkanen discloses a method and apparatus for remotely accessing a password-protected service in a data communication system. In the Office Action, col. 2, line 1 to col. 3, line 43 of Hokkanen is relied upon for disclosing or suggesting the above features recited in independent claim 1. However, Hokkanen at col. 2, line 1 to col. 3, line 43 actually relates to accessing a password-protected service remotely using a set of expendable passwords stored in a terminal device. Specifically, the terminal device selects the appropriate password from the stored set of

passwords to access a predetermined service. The selected password is then added to a connection setup signal or string for transmission from the terminal device to the server.

The features of independent claim 1 are distinguishable over Hokkanen for at least the reasons noted below. First, as recited in claim 1, a patient terminal includes an instrument data memory for storing an identification number to discriminate the patient terminal from other terminals. Conversely, in Hokkanen, the terminal device stores a set of passwords that (at best) discriminate between predetermined services, not discriminate a terminal device from other terminal devices. Second, as recited in claim 1, the patient terminal is operable to transmit the identification number upon installation of the patient terminal at a home of the patient. Again, Hokkanen merely discloses transmitting a password, not an identification number. Additionally, Hokkanen is silent with regard to transmitting any data (e.g., password, identification number, or other data) upon installation of the terminal device at a home of a patient.

Finally, as recited in claim 1, the patient terminal is operable to receive, over the communication network, patient terminal data corresponding to the identification number which is registered preliminarily in the center server. On the other hand, Hokkanen discloses receiving a predetermined service corresponding to the selected password. Hokkanen fails to disclose the use of an identification number of a patient terminal, let alone patient terminal data corresponding to the identification number.

Based on the above discussion, it is apparent that Hokkanen fails to address the deficiencies of Surwit. As a result, the combination of Surwit and Hokkanen fails to render claim 1 obvious.

Moreover, Vogt fails to overcome the deficiencies noted above in Surwit and Hokkanen. Specifically, Vogt merely discloses a bidirectional, interactive fire protection detection system. Thus, Vogt clearly fails to disclose or suggest a patient terminal that includes an instrument data memory for storing an identification number to discriminate the patient terminal from other terminals; wherein the patient terminal is operable to execute the following procedures: 1) connecting the patient terminal to a center server over the communication network; 2) transmitting the identification number upon installation of the patient terminal at a home of the patient; and 3) receiving, over the communication network, patient terminal data corresponding to the identification number which is registered preliminarily in the center server.

Therefore, no obvious combination of Surwit, Hokkanen and Vogt would result in, or otherwise render obvious, the present inventions recited in independent claim 1. Accordingly, independent claim 1 is patentably distinguished over the cited prior art. Additionally, dependent claims 3-6, 8-11, 13-18, and 37 are patentably distinguished over the cited prior based at least on their dependency from independent claim 1.

With regard to independent claim 41, the claim recites the following:

“A medical checkup network system comprising:

a patient terminal for measuring predetermined biodata of a patient including at least one of a blood pressure and a body temperature;

a doctor terminal through which a medical staff is able to view the biodata; and

a center server for storing data received from said patient terminal and said doctor terminal,

wherein said patient terminal and said doctor terminal are connected with each other via said center server over a communication network, and said patient terminal includes an initial connection setting section for automatically communicating with the center server when said patient terminal is energized so as to upload measurement data which has not been transferred, and disconnecting the communication after the uploading is completed.”

The combination of Surwit and Hokkanen fails to disclose or suggest at least the above features of claim 41 directed to a medical checkup network system comprising a patient terminal, a doctor terminal, and a center server; wherein the patient terminal includes an initial connection setting section for automatically communicating with the center server when the patient terminal is energized so as to upload measurement data which has not been transferred, and disconnecting the communication after the uploading is completed.

In the Office Action, the rejection correctly noted that Surwit fails to teach or suggest the features of claim 41 (see e.g., Office Action, page 11). At best, Surwit discloses a portable patient monitor with a user interface that serves as the primary means of communication between a PAC server and the patient (see e.g., Surwit, col. 8, lines 10-14). Thus, Hokkanen must disclose or suggest these features in order for the combination of Surwit and Hokkanen to render claim 41 obvious. However, although the rejection relies specifically on Hokkanen for disclosing the above features of claim 41, the Applicants respectfully disagree with the interpretation of Hokkanen.

As noted above, Hokkanen discloses a method and apparatus for remotely accessing a password-protected service in a data communication system. In the Office Action, col. 5, lines 30-35 of Hokkanen is relied upon for disclosing or suggesting the above features recited in independent claim 41. However, Hakkanen at col. 5, lines 30-35 merely discloses a service directory that may contain user names for each listed service, and the user names may be appended to the connection setup signal in the same manner as the password. Nothing in Hokkanen discloses an initial connection setting section for automatically communicating with the center server when the patient terminal is energized so as to upload measurement data which has not been transferred, and disconnecting the communication after the uploading is completed.

Based on the above discussion, it is apparent that Hokkanen fails to address the deficiencies of Surwit. As a result, the combination of Surwit and Hokkanen fails to render claim 41 obvious.

Moreover, Vogt fails to overcome the deficiencies noted above in Surwit and Hokkanen. As noted above, Vogt discloses a bidirectional, interactive fire protection detection system. Thus, Vogt clearly fails to disclose or suggest a medical checkup network system comprising a patient terminal, a doctor terminal, and a center server; wherein the patient terminal includes an initial connection setting section for automatically communicating with the center server when the patient terminal is energized so as to upload measurement data which has not been transferred, and disconnecting the communication after the uploading is completed.

Therefore, no obvious combination of Surwit, Hokkanen and Vogt would result in, or otherwise render obvious, the present inventions recited in independent claim 41. Accordingly, independent claim 41 is patentably distinguished over the cited prior art.

In the Office Action, claim 37 has been rejected under 35 U.S.C. §103(a) as being unpatentable over Surwit in view of Hokkanen, and further in view of Vogt et al. (U.S. Patent No. 4,470,047, hereafter “Vogt”). The Applicants respectfully traverse this rejection for the following reasons.

Dependent claim 37 recites a medical checkup network system with the following features: a doctor terminal that includes “a sensitivity setting section for determining a level of sensitivity for receiving, at the patient terminal, a signal output from a sensor”; a center server that includes “a section for receiving and storing the sensitivity level determined by the sensitivity setting section of the doctor terminal”; and a patient terminal that includes “a section

for communicating with the center server to receive the sensitivity level and modifying the sensitivity of a sensor for measuring the biodata based on the received sensitivity level.”

In the Office Action, the rejection relies on the combination of Surwit, Hokkanen and Vogt for disclosing all the features recited in claim 37. However, as noted above, neither Surwit nor Hokkanena describe a patient medical checkup network system that stores or uses information related to a specific biodata sensor. Thus, it logically follows that neither reference would disclose or suggest adjusting the sensitivity of a specific biodata sensor. Additionally, in the Office Action, the rejection relies upon col. 9, lines 50-58 of Surwit for suggesting the use of sensitivity levels. However, nothing in Surwit suggests this feature. Instead, Surwit at col. 9, lines 50-58 merely discloses a PAC server that analyzes and stores data transmitted from a remote patient monitor. Although the PAC server appears to prioritize patient medical problems based on the data received, nothing in the reference suggest that the received data can be used for adjusting the sensitivity levels of individual sensors on the remote patient monitors.

Additionally, the rejection appears to rely on Vogt for teaching or suggesting, in general, a control system for adjusting sensors. However, Vogt discloses a bidirectional, interactive fire protection detection system. Thus, it is not clear how one of ordinary skill in the art would be motivated to modify and/or combine the teachings of patient monitoring of Surwit with the teachings of fire protection detection of Vogt in an attempt to arrive at the present invention, as recited in claim 37. Therefore, no obvious combination of Surwit, Hokkanen and Vogt would result in, or otherwise render obvious, the present inventions recited independent claims 37.

In addition to the arguments presented above, the Applicants also maintain that dependent claims 10, 11, 13 and 17 are patentably distinguishable over the cited prior on their own merit.

With regard to dependent claim 10, the claim recites, in part, that the medical checkup network system includes “an administrator terminal arranged for executing... a procedure of entering at least one name of an instrument which senses biodata corresponding to the measurement item.”

In the Office Action, Surwit appears to be relied upon for disclosing all the features of dependent claim 10. However, nothing in Surwit describes a procedure of entering at least one name of an instrument which senses biodata corresponding to the measurement item. At best, Surwit merely describes a patient monitoring device that is configured to receive store and

analyze patient data. Additionally, Hakkanen and Vogt fail to overcome the deficiencies noted above in Surwit. Therefore, no obvious combination of Surwit, Hokkanen and Vogt would result in, or otherwise render obvious, the present inventions recited in claim 10.

With regard to dependent claim 11, the claim recites a medical checkup network system with “a doctor terminal that includes a biodata threshold setting section for setting a threshold of the biodata for each patient; and a center server that includes an alert section for receiving the threshold set by the biodata threshold setting section, and providing the doctor terminal with an alert when a level of the biodata of the patient measured by the patient terminal exceeds the threshold.”

In the Office Action, the rejection relies on col. 16, lines 50-57 of Surwit for disclosing or suggesting all the features in claim 11. However, Surwit at col. 16, lines 50-57 describes, instead, the use of “problem definitions” configured to reflect patient differences. Nothing in Surwit suggests the use of thresholds or an alert based on exceeding a threshold. Additionally, Hakkanen and Vogt fail to overcome the deficiencies noted above in Surwit. Therefore, no obvious combination of Surwit, Hokkanen and Vogt would result in, or otherwise render obvious, the present inventions recited in claim 11.

With regard to claim 13, the claim recites a patient terminal that includes “an initial connection setting section for automatically communicating with said center server when said patient terminal is energized so as to upload measurement data which has not been transferred, and disconnecting the communication after the uploading is completed.” This feature is similarly recited in independent claim 41. Thus, claim 13 is distinguishable over the cited prior art for the same reasons noted above for claim 41. Thus, similar to claim 41, no obvious combination of Surwit, Hokkanen and Vogt would result in, or otherwise render obvious, the present inventions recited in claim 13.

With regard to claim 17, the claim recites that the patient terminal includes “an instrument data memory for storing a sensor identification number to discriminate the at least one sensor from another sensor.” The rejection relies on Surwit for disclosing the claimed instrument data memory for storing a sensor identification number to discriminate the at least one sensor from another sensor. In particular, the rejection relies upon col. 5, lines 59-65 of Surwit. However, Surwit at col. 5, lines 59-65 describes a computer-usable memory that can implement the functions specified in the disclosed flowcharts. However, the flowcharts in

Surwit, at best, describe steps for receiving and storing data from a remote portable patient monitor. Nothing in the flowcharts describe storing identification information regarding a specific sensor used in the remote portable patient monitor.

Thus, the combination of Hokkanen and Surwit fails to disclose or suggest all the features recited in claim 17. Additionally, Vogt merely discloses a bidirectional, interactive fire protection detection system. Therefore, no obvious combination of Surwit, Hokkanen and Vogt would result in, or otherwise render obvious, the present invention recited in claims 17.

Therefore, dependent claims 10, 11, 13 and 17 are patentably distinguished over the cited prior art on their own merit for at least the reasons noted above.

In view of the foregoing remarks, it is respectfully submitted that the present application is clearly in condition for allowance. An early notice thereof is respectfully solicited.

If, after reviewing this Amendment, the Examiner feels there are any issues remaining which must be resolved before the application can be passed to issue, the Examiner is respectfully requested to contact the undersigned by telephone in order to resolve such issues.

Respectfully submitted,

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